



## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
043978-006000

In re Application of <b>Thomas LEMMONS, et al.</b>	
Application Number <b>09/939,306</b>	Filed <b>August 24, 2001</b>
For <b>INTERACTIVE GAME VIA SET TOP BOXES</b>	
Art Unit <b>3714</b>	Examiner <b>W.H. McCulloch, Jr.</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input checked="" type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795	\$ <u>1590.00</u>
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (043978-006000). I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration No. 53,435

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

March 5, 2007

Date

(202) 585-8000

Telephone Number

Joseph A. Parisi

Signature

Joseph A. Parisi

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	<u>03/06/2007 JAD001 00000001 192380 09939306</u>		
Signature	<u>01 FC 1254</u>	Date	<u>1590.00 DA</u>